

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____

Artist

DANIEL

J.

FORST

FIRST NAME

LAST NAME

Address

16906 MILBURN AVE, CLEVELAND 35, CUYAHOGA

NO

STREET

CITY

ZONE

COUNTY

Te

OR. 1-6184

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank...

[illegible]

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Daniel J. Frost
SIGNATURE

SIGNATURE _____